

PTO/SB/22 (08-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional)                                                                                                                                                                                                                                                      |                                                  |                      |                          |                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|--------------------------|---------------------|--|--|
| FY 2008                                                                                                                                                                                                                                                                                                                             |                                                  |                      | 298-239                  |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     | pursuant to the Consolidated Appropriations Act, | Filed April 21, 2004 |                          |                     |  |  |
| Application Number 10/828,820 Filed April 21, 2004  For System for the Transportation of Construction Machines, Preferably Excavators                                                                                                                                                                                               |                                                  |                      |                          |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                  |                      |                          |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                  |                      |                          |                     |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                              |                                                  |                      |                          |                     |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                     |                                                  |                      |                          |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                  | <u>Fee</u>           | Small Entity Fee         |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     | One month (37 CFR 1.17(a)(1))                    | \$130                | \$65                     | \$                  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Two months (37 CFR 1.17(a)(2))                   | \$490                | \$245                    | \$                  |  |  |
| ×                                                                                                                                                                                                                                                                                                                                   | Three months (37 CFR 1.17(a)(3))                 | \$1110               | \$555                    | § <u>1,110.00</u>   |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Four months (37 CFR 1.17(a)(4))                  | \$1730               | \$865                    | \$                  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Five months (37 CFR 1.17(a)(5))                  | \$2350               | \$1175                   | \$                  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                              |                                                  |                      |                          |                     |  |  |
| A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                       |                                                  |                      |                          |                     |  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                  |                                                  |                      |                          |                     |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                   |                                                  |                      |                          |                     |  |  |
| The Di                                                                                                                                                                                                                                                                                                                              | rector is hereby authorized to charge            | any fees which may   | be required, or credit a | any overpayment, to |  |  |
| Depos                                                                                                                                                                                                                                                                                                                               | it Account Number 04-1121                        | I have               | enclosed a duplicate     | copy of this sheet. |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                                                                                                                    |                                                  |                      |                          |                     |  |  |
| I am the applicant/inventor.                                                                                                                                                                                                                                                                                                        |                                                  |                      |                          |                     |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                                                                                                                                            |                                                  |                      |                          |                     |  |  |
| attorney or agent of record. Registration Number 44.349                                                                                                                                                                                                                                                                             |                                                  |                      |                          |                     |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34                                                                                                                                                                                                                                               |                                                  |                      |                          |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     | 13 500                                           |                      | October 21, 2            | 008                 |  |  |
| Signature                                                                                                                                                                                                                                                                                                                           |                                                  |                      | Date                     |                     |  |  |
| Peter B. Sorell                                                                                                                                                                                                                                                                                                                     |                                                  |                      | (516) 228-8484           |                     |  |  |
| Typed or printed name Telephone Number                                                                                                                                                                                                                                                                                              |                                                  |                      |                          |                     |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                               |                                                  |                      |                          |                     |  |  |
| Total of forms are submitted.                                                                                                                                                                                                                                                                                                       |                                                  |                      |                          |                     |  |  |
| CERTIFICATION UNDER 37 C.F.R. §1.8(a)  I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop PCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                                  |                      |                          |                     |  |  |
| Dated: October 21, 2008  Suzanne B. Saloy-Terrano  10/23/2008 MGEBREH1 00008034 10828820                                                                                                                                                                                                                                            |                                                  |                      |                          |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                  |                      | 02 FC:1253               |                     |  |  |

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U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| Design to the contract of the |                                                                   |                           |                            |                    |  |  |
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                           | Docket Number (Optional)   |                    |  |  |
| (Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FY 2008 pursuant to the Consolidated Appropriations Act           | 298-239                   |                            |                    |  |  |
| Application Number 10/828,820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                           | Filed April 21, 2004       |                    |  |  |
| For System for the Transportation of Construction Machines, Preferably Excavators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                           |                            |                    |  |  |
| Art Unit 3611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                           | Examiner Anthony H. Winner |                    |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                           |                            |                    |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                           |                            |                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | Fee                       | Small Entity Fee           |                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | One month (37 CFR 1.17(a)(1))                                     | \$130                     | \$65                       | \$                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Two months (37 CFR 1.17(a)(2))                                    | \$490                     | \$245                      | \$                 |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Three months (37 CFR 1.17(a)(3))                                  | \$1110                    | \$555                      | \$ <u>1,110.00</u> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Four months (37 CFR 1.17(a)(4))                                   | \$1730                    | \$865                      | \$                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Five months (37 CFR 1.17(a)(5))                                   | \$2350                    | \$1175                     | . \$               |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                           |                            |                    |  |  |
| A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                           |                            |                    |  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                           |                            |                    |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                           |                            |                    |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121 I have enclosed a duplicate copy of this sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                           |                            |                    |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                           |                            |                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                           |                            |                    |  |  |
| I am the applicant/inventor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                           |                            |                    |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                           |                            |                    |  |  |
| attorney or agent of record. Registration Number 44.349                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                           |                            |                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | attorney or agent under 37 CF Registration number if acting under | R 1.34.<br>er 37 CFR 1.34 |                            |                    |  |  |
| //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13 200                                                            |                           | October 21,                | 2008               |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                           | Date                       |                    |  |  |
| Peter B. Sorell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                           | (516) 228-8484             |                    |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                           | Telephone Number           |                    |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                           |                            |                    |  |  |
| Total of forms are submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                           |                            |                    |  |  |
| CERTIFICATION UNDER 37 C.F.R. §1.8(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                           |                            |                    |  |  |

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop PCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 21, 2008

Suzanne B. Saloy-Terrano